## **Notice of Appeal**

- 1. Must be filed within thirty (30) days of the judge's decision date
- 2. Requires a filing fee of \$38.00 or motion to waive filing fee or poverty affidavit.
- 3. Documents required include Notice of Appeal, and Service Request. Other documents such as a copy of the entry, or civil docket statement can be included.
- 4. Basic copies needed by the Court include the original and four (4) copies.

## JUVENILE COURT HAMILTON COUNTY, OHIO

N RE:	: CASE NUMBER:
	: NOTICE OF APPEAL :
	:
Please be on notice that the within mot by Judge / Magistrate	ion will be heard on theday of20, at the Hamilton County Juvenile Court located at
300 Broadway in Cincinnati, Ohio 452	02-1332. Floor #
	SignatureName:
	Address: State: Zip Code:
	Phone:
	Certificate of Service
	, certify that I served a copy of the foregoing on the Plaintiff by at

## HAMILTON COUNTY JUVENILE COURT SERVICE REQUEST

	WRITTEN REQU PRAECIPE (Delin	EST FOR SERVICE quent/Criminal)	(Civil)			
IN RE:		G. GE MUMPER				
Case Type:	Reas	son for Hearing:				
Charges:						
	(Notice of F	iling Only)				
A hearing is scheduled or	n theday of	20	, at	: AM / PM.		
Judge / Magistrate:		Case Manager:				
	mmons) (Subpoena) or (Noticarties) (Witnesses) (Attorney/P	ce) (List one of these select	ions for each a	address listed below.)		
	gular Mail) (Certified Mail) ( (Usual Service)					
( <u>Re</u> s	sidential Service) or (Publica	tion) (List one of these sel	ections for eac	ch address listed below.)		
Type of Form	Type of Service	Name and Comple	te Address	and Zip Code		
1						
2						
3						
1						
		_				
Requested by:		<u>Pho</u>	ne: ()			
Address:		City	State	Zip		

Form 1397 Revised 12/2006